

Debtor 1

First Name

Middle Name

Last Name

Crystal Cassandra Jones (deceased)

Debtor 2

(Spouse, if filing) First Name

Middle Name

Last Name

Dino Lionel Jones

United States Bankruptcy Court for the District of Maryland

Case number:

17-17124

FILED
MAIL

2020 JAN 31 PM 12:21

U.S. BANKRUPTCY COURT
DISTRICT OF MARYLAND
BALTIMORE**Form 1340 (12/19)****APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS****1. Claim Information**

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:

8057.92

Claimant's Name:

Dino L. Jones

Claimant's Current Mailing
Address, Telephone Number,
and Email Address:13426 Youngwood Turn
Bowie MD 20715Reason Funds Were Not
Received by ClaimantEstate check was valid for 90 days; by the time I gathered
all information required expiration date had passed**2. Applicant Information**

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (check the statements that apply):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☒ Applicant is a representative of the deceased Claimant's estate.

3. Supporting Documentation

- ☒ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation, including separate affidavit, with this application.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same.

³ The Owner of Record is the original payee.

4. Notice to United States Attorney

- ☐ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

U.S. Attorney for the District of Maryland
36 S. Charles Street, 4th Floor
Baltimore, MD 21201

5. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: 29 Jan 20

Signature of Applicant: [Signature]

Printed Name of Applicant: Dino L Jones

Address: 13426 Yungwood Turn
Bowie MD 20715

Telephone: 301-943-5752

Email: Cameo1206@gmail.com

5. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct.

Date: _____

Signature of Co-Applicant (if applicable): _____

Printed Name of Co-Applicant (if applicable): _____

Address: _____

Telephone: _____

Email: _____

6. Notarization

STATE OF VIRGINIA

COUNTY OF ARLINGTON

This Application for Unclaimed Funds, dated 01/29/2020, was subscribed and sworn to before me this 29th day of January, 2020 by

DINO JONES
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public [Signature]

My commission expires: 12/31/2022



Ishmael Lamptey
Commonwealth of Virginia
Notary Public
Commission No. 7797169
My Commission Expires 12/31/2022

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____, was subscribed and sworn to before me this _____ day of _____, 20____ by

who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

(SEAL)

Notary Public _____

My commission expires: _____

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND

IN RE:

Crystal C. Jones (deceased)
Debtor(s)

*
* Case No. 17-17124
*
* Chapter 13
*

CERTIFICATE OF SERVICE

Notice is hereby given to the Court that on 29 Jan 20 (Date),
the U.S. Attorney for the District of Maryland at 36 S. Charles Street, Baltimore, MD,
21201, was advised via first class mail of the intent of the individual(s) or entity below (hereafter
"Claimant") to request the withdrawal of funds from the Court's Registry of Unclaimed Funds.

Dino L. Jones (Spouse)
Name of Claimant
13426 Yungwood Turn Bowie MD 20715
Complete Address of Claimant

Respectfully Submitted,

Dino L. Jones
Signature of Claimant or Claimant's Representative

Dino L. Jones
Printed Name of Claimant or Claimant's Representative

13426 Yungwood Turn Bowie MD 20715
Complete Address of Claimant or Claimant's Representative

SUBSCRIBED AND SWORN TO BEFORE ME this 29th day of January,
20 20, in the County of ARLINGTON, State of VIRGINIA.

[Signature]
Signature of Notary Public

Date Commission Expires: 12/31/2022

